

# Statement of Deficiencies

Residential Habilitation Agency

Center for Independent Living  
RHA-265

158 Blake St N  
Twin Falls, ID 83301-  
(208) 734-8973

Survey Type: Follow-up

Entrance Date: 2/3/2009

Exit Date: 2/5/2009

**Initial Comments:** Survey Team Members: David Doran, Medical Program Specialist, Survey & Certification; Georgette Kern, LSW, Survey & Certification; and Pam Loveland-Schmidt, Medical Program Specialist, Survey & Certification.

Observations: No observations conducted at this time.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.d	Training	
705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality	FINDINGS: Based upon record review and interview with staff and/or Administration the agency is not in compliance.  2 out of 4 employee/affiliate (2,4) record lacked:  *Evidence of additional training within six (6) months of employment or affiliation with the residential habilitation agency. For example: Affiliate (4) received training in 2003, and no documentation completed additional training within 6 months of affiliation in 1996. In addition, no documentation stating agency provided a retraining to correct the deficiency and meet rule requirements.  (REPEAT DEFICIENCY)	1. What corrective action(s) will be taken? All employees and affiliates will be retrained and reoriented pursuant to the training categories in rule. CIL will assure that all training is provided and captured within 6 months of employment/affiliation and has developed new training tools to do so. Unfortunately, CIL cannot go back and fully rectify this deficiency. Nevertheless reorientation of existing affiliates will occur. All new affiliates will oriented in a compliant manner, but should not be re-cited in future surveys for affiliates oriented prior to 4/09 as the training process will have been fixed for new staff/affiliates. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all affiliate files was completed. No participants were identified to be adversely affected. It is expected, though, that all participants will benefit from affiliate reorientation. 3. Who will be responsible for implementing each corrective action?

assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07)  
d. Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency.

Administrator, QMRP

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision including training. Deficient practices will be promptly identified and an internal corrective action plan will be implemented to assure compliance.

5. Dates for when the corrective action will be completed?  
See below

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-04-01

**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.e	Personnel Files	
03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) e. Date of employment or affiliation; and (7-1-95)	<p><b>FINDINGS:</b> Based upon record review and interview with staff and/or Administration the agency is not in compliance.</p> <p>1 out of 4 employee/affiliate (2) record lacked:</p> <p>*Evidence of date of employment. For example: Affiliate (2)'s records list 2001 and 2003 as dates of affiliation. In addition, agency plan of correction dated 01/12/09 states date of affiliation is 02/27/04. Agency needs to clarify affiliation date(s).</p> <p>(REPEAT DEFICIENCY)</p>	<p>1. What corrective action(s) will be taken? All employees' and affiliates' date of employment and affiliation will be accurately documented in their personnel files pursuant to rule. A new administrative tool has been developed to capture this component. All affiliates' files will be organized in a compliant manner.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all affiliate files was completed. No participants were identified to be adversely affected. It is expected, though, that all participants will benefit from improved internal standards for administrative organization.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator, QMRP</p>

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?  
The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision including training. Deficient practices will be promptly identified and an internal corrective action plan will be implemented to assure compliance.


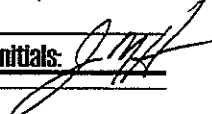
5. Dates for when the corrective action will be completed?  
See below

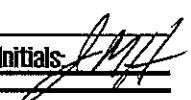
**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-04-01

**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.02	Program Implementation Plan	1. What corrective action(s) will be taken? New templates of the implementation plan have been implemented that include specific procedures for formal programs. Programs will not be developed prior to the establishment of an accurate baseline. Training on the requirements continues to be provided. Agency will assure that all objectives are concrete and measurable prior to service provision.
02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration the agency is not in compliance.	2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participants are considered "affected". All participants' records will be reviewed and baselines will be generated accurately to assure compliance and that services are measurable.
&	1 out 5 participant (5) records reviewed lacked:	3. Who will be responsible for implementing each corrective action? Administrator, QMRP
010.DEFINITIONS – A THROUGH N. For the purposes of these rules the following terms are used as defined below:	*Evidence of measurable objectives. For example: Participant (5)'s implementation plans for 2008-2009 lacked baselines unable to measure progress.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision including the establishment of accurate
22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04)	(REPEAT DEFICIENCY)	
&		
16.04.17.011.DEFINITIONS – M THROUGH Z. For the purposes of these rules the following		

Residential Habilitation Agency		Center for Independent Living	2/5/2009
terms are used as defined below: (3-20-04) 01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)		baselines and measurable objectives.. Deficient areas will be promptly identified and an internal corrective action plan will be implemented to assure compliance. 5. By what date will the corrective action be completed? See below	
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2009-04-01	<b>Administrator Initials:</b> 
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.17.302.05  302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	Service Provision Procedures  <b>FINDINGS:</b> Based upon record review and interview with staff and/or Administration the agency is not in compliance.  1 out of 5 participant (5) records lacked:  *Evidence the agency submitted semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant record and annual status reviews must be attached to the annual plan of service. For example: Participant (5)'s record lacked evidence of an annual status review.  (REPEAT DEFICIENCY)	1. What corrective action(s) will be taken? All program coordinators will be retrained that all provider status reviews must be delivered to the plan monitor within the time frame stipulated in ISP Support Manual. The agency will document the date of submissions to assure receipt and compliance. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant files was completed. No participants were identified to be adversely affected. It is expected, though, that all participants will benefit from program coordinators' training on provider status reviews.. 3. Who will be responsible for implementing each corrective action? Administrator, QMRP 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision the timely completion of provider status reviews. Deficient practices will be promptly identified and an internal corrective action plan will be implemented to assure compliance. 5. Dates for when the corrective action will be completed?	
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2009-04-01	<b>Administrator Initials:</b> 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.f 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) f. Physician, dentist, and other health care providers. (7-1-95)	Participant Records  FINDINGS: Based upon record review and interview with staff and/or Administration the agency is not in compliance.  1 out of 5 participant (5) record lacked:  *Physician, dentist and other health care providers. For example: Participant (5)'s record lacked evidence of other health care providers.  (REPEAT DEFICIENCY)	1. What corrective action(s) will be taken? Templates to capture required information have been developed and are being implemented. Training on the requirements continues to be provided. Agency will assure that all templates for participant files are rule-compliant. These elements have been embedded within the new templates. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All participants are considered "affected" by this deficiency. An internal analysis of previous standards of practice reveal the need to assure tools comply with rule. Agency staff will be trained on enhanced internal standards. Training is ongoing. 3. Who will be responsible for implementing each corrective action? Administrator, QMRP 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of required information.. Deficient areas will be promptly identified and an internal corrective action plan will be implemented to assure compliance. 5. By what date will the corrective action be completed? See below.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 2009-04-01 <b>Administrator Initials:</b> 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.n 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) n. Daily record of the date, time, duration, and type of service provided. (7-1-95)  &	Participant Records  FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance.  1 out of 5 participant (5) record lacked:  *Evidence of daily record of the date, time duration and type of service provided. For	1. What corrective action(s) will be taken? Templates of new tools are being implemented. Training on the requirements continues to be provided. Agency will assure that all documentation generated by the agency includes all required elements. These elements have been embedded within the new templates. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what

<p>16.03.10.704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS.</p> <p>02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07)</p> <p>a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)</p> <p>iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07)</p>	<p>example: Participant (5)'s record lacked time and duration on QMRP quarterly visits.</p> <p>(REPEAT DEFICIENCY)</p>	<p>corrective action will be taken?</p> <p>All participants are considered "affected" by this deficiency. An internal analysis of previous standards of practice reveal the need to assure quarterly visits capture the requirements. Agency staff will be trained on enhanced internal standards. Training is ongoing.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator, QMRP</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision including the time and duration of quarterly visits.. Deficient areas will be promptly identified and an internal corrective action plan will be implemented to assure compliance.</p> <p>5. By what date will the corrective action be completed?</p> <p>See below.</p>
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**Date to be Corrected:** 2009-04-01

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.402.01.c</p> <p>402.PARTICIPANT RIGHTS.</p> <p>01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04)</p> <p>c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)</p>	<p>Participant Rights</p> <p>FINDINGS: Based upon record review and interview with staff and/or Administration the agency is not in compliance.</p> <p>5 out of 5 Participant (1,2,3,4,5) record lacked:</p> <p>*Documentation the participant or legal guardian was informed of the services to be received, the expected benefits and attendant risks of receiving those services and of the right to refuse services and alternative forms of services available.</p> <p>(REPEAT DEFICIENCY)</p>	<p>1. What corrective action(s) will be taken?</p> <p>A new form was created to capture the required information. All participants will receive updated rights information and will sign verifying their receipt of the required information.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken?</p> <p>All participants are considered "affected" by this deficiency. An internal analysis of previous standards of practice reveal the need to capture the requirements. Agency staff will be trained on enhanced internal standards. Training is ongoing.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator, QMRP</p>

4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?  
The agency will monitor this through a new, rigorous internal QA that captures all clinical and administrative elements of service provision including informing participants of important aspect of receiving residential habilitation services. Deficient areas will be promptly identified and an internal corrective action plan will be implemented to assure compliance.
5. Dates for when the corrective action will be completed?  
See below

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-04-01

**Administrator Initials:** JMH

**Administrator Signature (confirms submission of POC):**

*James M. Healy*

**Date:** 3/19/09

**Team Leader Signature (signifies acceptance of POC):**

*Pamela Land-Schmidt*

**Date:** 3/23/09